

EMT Information Sheet

SLIPPERY ROCK UNIVERSITY

(CLUB SPORT NAME)

I, _____, was an official EMT at Slippery Rock
(Name)

University on _____ for a _____
(Date of Match) (Name of Sport)

game/match/meet between SRU and _____. The fee
(Name of Opponent)

for my services is as follows:

\$_____ per event

EMT Name: _____

EMT Address: _____

EMT Social Security #: _____

Signature _____

No taxes will be withheld from this income. A Form 1099 will be issued by January 31 for all persons receiving more than \$600 in income for the calendar year.